

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	5	1				
3		1				
4		2				
5		2				
6		1				
7		2				
8	1					
9		1				
10	1					
11		1				
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50						
TOTAL IND.	3	2				
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	4	3	2	2	2	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1	1		
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			2	2	2	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY